FEDERAL INTERAGENCY
ANNUAL MEDICAL HISTORY and CLEARANCE FORM
Wildland Firefighters (Arduous Duty)

***CAUTION ***

THIS DOCUMENT CONTAINS CONFIDENTIAL MEDICAL INFORMATION AND IS SUBJECT TO THE PROVISIONS OF THE PRIVACY ACT (5 USC 552a)

***Fire Management Officer (FMO)*:** a) Request an examination for the firefighter through the Central Medical Consultant's secure webpage – http://cas.chsmedical.comand print forms, b) On a computer generated label or typewriter, enter the Personnel Officer's name, street address, city, state, zip code, telephone number, and e-mail address, c) On a computer generated label or typewriter, enter your name, street address, city, state, zip code, telephone number, and e-mail address.

Personnel Officer	**Fire Management Officer**
Name:_____	Name:_____
Street Address:_____	Street Address:_____
City, State, Zip:_____	City, State, Zip:_____
Telephone Number:_____	Telephone Number:_____
E-mail:_____	E-mail:_____

***Firefighter*:** Complete ALL of pages 2 and 3 of this form, attend the medical screening appointment, and return the "Rating Form" (page 7) to your FMO. If the FMO does not receive the "Arduous Duty Wildland Firefighter Rating Form" you will not be allowed to take the Pack Test.

- All "Yes" answers in the medical history sections must be explained, including dates, treatments and current status.
- **Your signature is required on page 2. Failure to sign will result in delay of rating determination.**

***Local Health Care Professional*:** Review the requirements for an arduous duty wildland firefighter (page 4), review the firefighter's medical history responses (page 2 and 3), and complete the "Medical Screening" (page 5) and the "Arduous Duty Wildland Firefighter Rating Form" (page 7). Provide the completed "Arduous Duty Wildland Firefighter Clearance Form" to the firefighter (page 7). Faxpages 1 through 5 of this form to CHS Fax (703-288-5482) and then place originals in mail to Central Medical Consultant at the address listed below. All significant, abnormal findings are to be discussed with the firefighter. Recommended additional testing will not be covered under this program and must be paid for by the examinee.

Central Medical Consultant
Comprehensive Health Services, Inc.
8229 Boone Blvd, Suite 700
Vienna, VA 22182
Phone: 800-638-8083 Fax: 703-288-5482

PRIVACY ACT INFORMATION

The information contained in this form will be used to determine whether an individual considered for arduous level wildland firefighting can safely and efficiently perform those duties in a manner that will not unduly risk aggravation, acceleration, exaggeration, or permanently worsening a pre-existing medical condition. Its collection and use are consistent with the provisions of the 5 CFR 339 (Medical Qualification Determinations), 5 USC 552a (Privacy Act of 1974), 5 USC 3301 (Examination, Certification, and Appointment), and Executive Orders 12107 (Merit Systems Protection Board) and 12564 (Drug Free Federal Workplace). The information will be placed in your official Employee Medical File, and is to be used only for official purposes as explained and published annually in the Federal Register under OPM/GOVT-10, the OPM system of records notice.

Federal Interagency Annual Medical History and Rating Form
Wildland Firefighters (Arduous Duty)

Firefighter's Name:		**SSN:**
Name of Employing Agency:		**Date of Birth:**
Position/Job Title:		**Gender: Male ? Female ?**
Home Address (Street or PO Box): **(City, State, Zip)**		**Date of Last Physical Exam:**
Home Phone: **( )**	**Work Phone:** **( )**	**Cell Phone:** **( )**

Incomplete forms or missing information may result in a delay clearing you for firefighter duties and prevent you from taking the Pack Test. Submitting information that is misleading or untruthful may result in termination, criminal sanctions, or failure to be cleared as a firefighter.

This history form and review do not substitute for routine health care or a periodic health examination conducted by your physician. It is being conducted for occupational purposes only. I certify that all of the information I have provided on this form is complete and accurate to the best of my knowledge. I authorize release of information within this form to the Interagency Medical Standards Program Manager or their representatives for the purpose of medical clearance as an arduous duty wildland firefighter.

Firefighter's Signature:	**Current Date:**

Your signature is <u>required</u>. Failure to sign will result in a delay of rating determination.

MEDICAL HISTORY

Smoking History
This information is needed since smoking increases your risk for lung cancer and several other types of cancer, chronic bronchitis, emphysema, asbestos related lung diseases, coronary heart disease, high blood pressure, and stroke. Please check your smoking status and complete the associated section:

☐ Current Smoker

Number of cigarettes per day _____
Number of cigars per day _____
Number of pipe bowls per day _____
Total years you have smoked _____

☐ Former Smoker

Number of cigarettes per day _____
Number of cigars per day _____
Number of pipe bowls per day _____
Total years you smoked _____

☐ Never Smoked

Describe Your Physical Activity or Exercise Program Type of Activity or Exercise _____

_____

Intensity: Low _____ Moderate _____ High _____
(*Examples: Walking Jogging, cycling Sustained heavy breathing and perspiration*)

Duration, in Minutes per Session _____
Frequency, in Days per Week _____

Medications (List all medications you are currently taking, including those prescribed and over-the-counter.)

_____ _____

_____ _____

Date of last Tetanus (Td) shot:	Tetanus Booster is recommended every ten (10) years. Should you elect to have this updated at the time of your exam – you are responsible for payment.

Medical History:

Treatment by doctors, healers, or other practitioners for any problem other than minor illnesses within the past year? (If Yes, give date, details of problem, and whether resolved.)
☐ Yes ☐ No _____

Surgery, or advised to have surgery within the past year? (If Yes, give date, details of problem, and whether resolved.)
☐ Yes ☐ No _____

Allergies? (If Yes, give date, details of problem, and whether resolved.)
☐ Yes ☐ No _____

Medical History Continued

Local Health Care Professional please provide comments on page 4 to any questions marked "yes".

Firefighter must explain all "yes" answers to include date(s) of occurrence and/or treatment if applicable.

	YES	NO
1. Treatment for a mental or emotional condition?	☐	☐
2. Diagnosed or treated for alcoholism or alcohol dependence?	☐	☐
3. Diagnosed as dependent on drugs or treated for drug abuse?	☐	☐

Please explain any YES answers, including date(s):

_____

_____

VISION	YES	NO
4. Any type of eye disease	☐	☐
5. Do you wear eyeglasses ☐ near ☐ far ☐ both	☐	☐
6. Contact lenses? Hard or Soft (circle one)	☐	☐

Please explain any YES answers, including date(s):

_____

_____

HEARING	YES	NO
7. Any type of ear disease	☐	☐

Please explain any YES answers, including date(s):

_____

_____

DERMATOLOGY	YES	NO
8. Any type of skin disease (other than acne)	☐	☐

Please explain any YES answers, including date(s):

_____

_____

VASCULAR SYSTEM	YES	NO
9. Varicose veins, blood clots, or swollen and painful veins	☐	☐
10. Anemia	☐	☐
11. High blood pressure	☐	☐
12. Stroke	☐	☐
13. Poor circulation in hands or feet	☐	☐

Please explain any YES answers, including date(s):

_____

_____

CARDIAC	YES	NO
14. Heart attack and/or chest pain (angina)	☐	☐
15. Heart disease such as palpitations (irregular beat), heart valve problems or heart murmur	☐	☐
16. Problem with passing out, fainting, or losing consciousness	☐	☐

Please explain any YES answers, including date(s):

_____

_____

GASTROINTESTINAL SYSTEM	YES	NO
17. Any type of stomach or intestine disease	☐	☐
18. Hernia? date of surgery ___/___/___	☐	☐
19. Hepatitis or other liver disease	☐	☐
20. Persistent stomach or abdominal pain	☐	☐
21. Blood in the stool or vomited blood	☐	☐

Please explain any YES answers, including date(s):

_____

_____

GENITOURINARY SYSTEM	YES	NO
22. Any type of kidney or bladder disease	☐	☐
23. Kidney stones	☐	☐
24. Difficulty or pain with urination	☐	☐

Please explain any YES answers, including date(s):

_____

_____

CENTRAL AND PERIPHERAL NERVOUS AND VESTIBULAR SYSTEMS	YES	NO
25. Problem with dizziness or balance	☐	☐
26. Tremors, shakiness, or seizures	☐	☐
27. Numbness or tingling in hands or feet	☐	☐
28. Frequent headaches or migraines	☐	☐

Please explain any YES answers, including date(s):

_____

_____

CHEST AND RESPIRATORY SYSTEM	YES	NO
29. Any type of lung disease	☐	☐
30. Asthma, bronchitis, or emphysema	☐	☐
31. A need to use inhalers *(Specify type and frequency of use)*	☐	☐
32. Tuberculosis or a positive TB skin test	☐	☐

Please explain any YES answers, including date(s):

_____

_____

ENDOCRINE AND METABOLIC	YES	NO
33. Diabetes	☐	☐
34. A need for insulin shots	☐	☐
35. Unexplained weight loss or gain	☐	☐

Please explain any YES answers, including date(s):

_____

_____

MUSCULOSKELETAL	YES	NO
36. Moderate to severe joint pain or arthritis	☐	☐
37. Loss of use of an arm, leg, finger, or toe	☐	☐
38. Back pain, back trouble or injury	☐	☐

Please explain any YES answers, including date(s):

_____

_____

ESSENTIAL FUNCTIONS AND WORK CONDITIONS OF AN ARDOUS DUTY
WILDLAND FIREFIGHTER

Time/Work Volume	Physical Requirements	Environment	Physical Exposures
May include:			
• long hours (minimum of 12 hour shifts) • irregular hours • shift work • time zone changes • multiple and consecutive assignments • pace of work typically set by emergency situations • ability to meet "arduous" level performance testing (the "Pack Test"), which includes carrying a 45 pound pack 3 miles in 45 minutes, approximating an oxygen consumption (VO_2 max) of 45 mL/kg-minute *And up to*: • 14-day assignments *but may extend up to 21-day assignments*	• use shovel, Pulaski, and other hand tools to construct fire lines • lift and carry more than 50# • lifting or loading boxes and equipment • drive or ride for many hours • fly in helicopters and fixed wing airplanes • work independently, and on small and large teams • use PPE (includes hard hat, boots, eyewear, and other equipment) • arduous exertion • extensive walking, climbing • kneeling • stooping • pulling hoses • running • jumping • twisting • bending • rapid pull-out to safety zones • provide rescue or evacuation assistance	• very steep terrain • rocky, loose, or muddy ground surfaces • thick vegetation • down/standing trees • wet leaves/grasses • varied climates (cold/hot/wet/dry/humid/ snow/rain) • varied light conditions, including dim light or darkness • high altitudes • heights • holes and drop offs • very rough roads • open bodies of water • isolated/remote sites • no ready access to medical help	• bright sunshine/UV • burning materials • extreme heat • airborne particulates • fumes, gases • falling rocks and trees • allergens • loud noises • snakes • insects/ticks • poisonous plants • trucks and other large equipment • close quarters, large numbers of other workers • limited/disrupted sleep • hunger/irregular meals • dehydration

Local Health Care Professional please provide comments for "yes" answers on page 3 below:

If additional space is needed please add another page

Item Number ( )

_____

_____

Item Number ( )

_____

_____

Item Number ( )

_____

_____

Item Number ( )

_____

_____

Item Number ( )

_____

_____

MEDICAL SCREENING

Screening Item	Result	Qualifying Standard *Must meet all Standards*	Meets Standards / Comments
1. Height (inches)		Not Applicable	
2. Weight (pounds)		Not Applicable	
3. Blood Pressure (mm Hg)	_____/_____ 1st reading _____/_____ repeat	Less than or equal to 140/90 Repeat if necessary	Yes ☐ No ☐
4. Pulse (beats per minute)		Not Applicable	
5. Hearing (without hearing. aids) a. Whispered (about 30 dB) word at 1 foot from ear (opposite ear should be covered)	Heard? Yes No Right Whisper ☐ ☐ Left Whisper ☐ ☐	Whisper must be heard in each ear	Yes ☐ No ☐
b. Spoken (about 60 dB) word at 1 foot from ear (opposite ear should be covered)	Right Spoken ☐ ☐ Left Spoken ☐ ☐	Not Applicable	
6. Color Vision (Red/Green/Yellow)	Can see: Red ☐ Green ☐ Yellow ☐	Can see Red/Green/ Yellow	Yes ☐ No ☐

Complete the applicable Vision Section Below

7a. Vision – No Corrective Lenses	7b. Vision – Glasses or Hard Contact Lens Wearers	7c. Vision – Soft Contact Lens Wearers
Uncorrected Far Right 20 /_____	Uncorrected Far Right 20 / _____	Uncorrected Far Right N/A
Uncorrected Far Left 20 /_____	Uncorrected Far Left 20 / _____	Uncorrected Far Left N/A
	Corrected Far Right 20 /_____	Corrected Far Right 20 /_____
	Corrected Far Left 20 /_____	Corrected Far Left 20 /_____
Standard: 20/40 or better	Standard: Uncorrected 20/100 or better and Corrected 20/40 or better *"B" Rating if firefighter does not meet uncorrected Vision Standard but meets all other standards.*	Standard: Corrected 20/40 or better

Findings: (Please take into consideration all information from pages 2, 3 and 5 when making a determination.)

☐ **A. Employee CLEARED** – The firefighter meets **all** of the qualifying medical standards. The firefighter appears capable of performing the functional requirements of an arduous duty wildland firefighter (see page 4). **Note:** This includes the ability to safely participate in arduous duty performance testing, consisting at a minimum of carrying a 45 pound pack a distance of 3 miles in a period of 45 minutes over level ground (the "Pack Test").

☐ **B. Employee CLEARED with second set of corrective lenses (glasses)** – The firefighter meets **all** of the qualifying medical standards except for the uncorrected far vision standard. An acceptable waiver with restriction is to require the possession during duty hours of a second set of corrective lenses. With this restriction, the firefighter appears capable of performing the functional requirements of an arduous duty wildland firefighter (see page 4). **Note:** This includes the ability to safely participate in arduous duty performance testing, consisting at a minimum of carrying a 45 pound pack a distance of 3 miles in a period of 45 minutes over level ground (the "Pack Test").

☐ **Further Evaluation Needed - Final Determination Cannot be Made Based on Available Medical Information** – Results were inconclusive, Comprehensive Health Services, Inc. will request additional information from examinee.

_____ _____ _____
(Print Only)Name - Local Health Care Professional | Signature – Local Health Care Professional | Date

_____ _____ _____
(Print Only) Address | License/Certification Number | License/Certification State

_____ (_____)_____
(Print Only) City, State, Zip | Telephone Number

Firefighter Name _____

INDIVIDUAL STANDARDS, FOR EXAMINING PHYSICIAN REVIEW AND COMMENT

STANDARDS
The applicant/incumbent must meet medical standards that are sufficient for arduous duty wildland firefighter

PSYCHIATRIC STANDARD
- No evidence by medical history of current psychiatric conditions (including alcohol or substance dependence or abuse) likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

VISION STANDARD
- Far visual acuity uncorrected of at least 20/100 in each eye for wearers of hard contacts or spectacles; and
- Far visual acuity of at least 20/40 in each eye corrected (if necessary) with contact lenses or spectacles; and
- No ophthalmologic condition that would increase ophthalmic sensitivity to bright light, fumes, or airborne particulates, or susceptibility to sudden incapacitation.

Note: Successful users of long-wear soft contact lenses are not required to meet the "uncorrected" vision guideline.

HEARING STANDARD
- Whisper at about 30dB must be heard in each ear.

HEAD, NOSE, MOUTH, THROAT AND NECK STANDARD
- Normal conversational speech; and
- No evidence by medical history of head, nose, mouth, throat, or neck conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

DERMATOLOGY STANDARD
- No evidence by medical history of dermatologic conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

VASCULAR SYSTEM STANDARD
- no current evidence of phlebitis or thrombosis; and
  no current evidence of venous stasis; and
  no current evidence of arterial insufficiency; and
- No evidence by medical history of peripheral vasculature conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CARDIAC STANDARD
- A medical history of the cardiovascular system that is within the range of normal variation, including: blood pressure of less than or equal to 140 mmHg systolic and 90 mmHg diastolic.

GASTROINTESTINAL SYSTEM STANDARD
- No evidence by medical history of gastrointestinal conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

GENITOURINARY SYSTEM STANDARD
- No evidence by medical history of genitourinary or liver conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CENTRAL AND PERIPHERAL NERVOUS SYSTEM STANDARD, AND VESTIBULAR SYSTEM STANDARD
- Normal basic mental status evaluation (e.g., person, place, time, current events); and
- No evidence by medical history of nervous, cerebellar, or vestibular system conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CHEST AND RESPIRATORY SYSTEM STANDARD
- No evidence by medical history of respiratory conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

Note: The requirement to use an inhaler (such as for asthma) requires agency review.

PROSTHETICS, TRANSPLANTS, AND IMPLANTS STANDARD
- No evidence by medical history that the transplant, prosthesis, implant, or conditions that led to the need for these treatments are likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

Note: For individuals with transplants, prosthetics, or implanted pumps or electrical devices, the firefighter will have to provide for agency review documentation from his/her surgeon or physician that the individual (and, if applicable, his/her prosthetic or implanted device) is considered to be fully cleared for the specified functional requirements of wildland firefighting.

MEDICATION STANDARD
The need for and use of prescribed or over-the-counter medications are not of themselves disqualifying. However, there must be no medical history of any impairment of body function or mental function and attention due to medications that are likely to present a safety risk or to worsen as a result of carrying out the specified functional requirements. Each of the following points should be considered:

1. Medication(s) (type and dosage requirements)
2. Potential drug side effects
3. Drug-drug interactions
4. Adverse drug reactions
5. Drug toxicity or medical complications from long-term use
6. Drug-environmental interactions
7. Drug-food interactions
8. History of patient compliance

MUSCULOSKELETAL SYSTEM STANDARD
- No medical history or obvious evidence of decreased strength, flexibility, range of motion, joint stability or musculoskeletal condition of extremities, neck and or back, likely to present a safety risk or to worsen as a result of carrying out the essential requirements of the job.

ARDUOUS DUTY WILDLAND FIREFIGHTER RATING FORM

Rating may be changed after review by Interagency CMC, FMO will be notified if any change occurs.

Please take into consideration all information from pages 2,3 and 5 when making a determination.

Local Health Care Professional: Complete the information required below, then detach and provide this page to the firefighter at the end of the medical screening.

Firefighter: You must return this page to the Fire Management Officer prior to taking the Pack Test.

Firefighter Name:_____

Agency, Unit, and Location:_____

☐ **A.** Employee **CLEARED** for arduous duty wildland firefighting and the pack test
(*Finding **A** was marked on Page 5)*

☐ **B.** Employee **CLEARED** with second set of corrective lenses (glasses) to meet uncorrected vision standard as required for arduous duty wildland firefighting and pack test.
(*Finding **B** was marked on Page 5)*

☐ **Further Evaluation Needed**. Comprehensive Health Services, Inc. will contact firefighter for further medical information before a determination for arduous duty wildland firefighting and pack test is provided.

_____	_____	_____
(Print Only)Name - Local Health Care Professional	Signature – Local Health Care Professional	Date
_____	_____	_____
(Print Only) Address	License/Certification Number	License/Certification State
_____	(____)_____	
(Print Only) City, State, Zip	Telephone Number	